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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10338	CERTIFICAT	E OF DEATH		16936
PLACE OF DEATH a. COUNTY			CE (Where deceased lived, If in	nstitution: Residence before admission)
6 aroline	MARYLAND	a. STATE Md.		Cecil
 b. CITY OR TOWN (If outside corporate write RURAL and give nearest town) 	limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give nearest town)
reston Rur	al 8 Month's	Rising Su	in	07.2
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
R.F.D.		Cooper	Street	YES NO X
R. NAME OF DECEASED (Type or print) Shrifs	A NOTCISSE	AlderMAN	4. DATE Mon OF DEATH	2 6 1966
5. SEX 6. COLOR OR RACE 7	· MANUED FOR MEACH MANUED!	B. DATE OF BIRTH	9. AGE (In years last birthday)	IFUNDER 1 YEAR IFUNDER 24 HRS Months Days Hours Min.
Female White		9-23-1898	yıa.	
Oa. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDUSTRY		county & State, or foreign count	COUNTRY?
House Wife Ret.	Own Home		est Virginia	a U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAII		
Mack Keen 15. WAS DECEASED EVER IN U.S. ARMED FORCE	CES? 16. SOCIAL SECURITY NO. 17.	Mary Ja	ne Cole	3
(Yes, no, or unkown) (If yes give war or dates of s	ervice) 2 19 17 17(10)			esopper St.
No		ck Alderm	an Ris	ing Sun, Md.
18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (a) Metastatic Car	<u>cinomatos</u>	is	8-mas
Ocaditions If any which I		O a se di a se a head	actual	sourcevr
Conditions, if any, which gave rise to immediate			IUM .acodal	bouldgyr
cause (a), stating the DUE To	never defermine	d)		
	S CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature o	f injury in Part I or Part II	of Item 18.)
20c. TIME OF INJURY Month, Day, Ye Hour a.m. p.m. 19	ear 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)
Hour a.m.	While at work at work	ry, street, ource brug.,		
21. I certify that (I) (this hospit	tal) attended the deceased from 1	0/15/	966, to 12/6	, 1966, that (I) (we) last
saw the deceased alive on 12	2/2/66 19 and that			s and on the date stated above
22a. SIGNATURE	(4)	ATTENDING	MED. STAFF	22b. DATE SIGNED
Eguly (O)	Yenne M.E	D. PHYS. See	DIRECTOR PHYS.	12/7/66
22c. PHYSICTAN'S NAME (Type)	D	Preston	Marvland	
Harold 23a. BURIAL CREMATION, 23b. DATE TH	B. Plummer IEREOF 23c. NAME OF CEMETER)		1 23d. LOCATION (City.	town or county) (State)
REMOVAL (Specify)				
Burial 12-9-1	966 New Bridge L			REGISTRAR'S SIGNATURE
Conmon Sine	Mulletisna	SUM MOSTERI	FC 1 2 1966 /	Marles Judge
1-11-11-11-11-11-11-11-11-11-11-11-11-1	11 11 11 11	WILL BURNE	1000	

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16939				ATE OF DEAT	Mary Mary Street, Stre	16	037			
1. PLACE OF DEAT	TH		eren kan	2. USUAL RESIDEN	ICE (Where date			Rasidar	ce before	edmission
	aroline	is the	MARYLAND	a. STATE	aryland	b. COUN	Ca Ca	rol	ine	
	(if outside corporate limit	s, c	LENGTH OF STAY IN 18	c. CITY OR TOWN	(If outside corpor	ate limits, writ	RURAL an	d give	nearest tov	vn)
Prest	on - Rural		Life	Pre	ston - R	ural			15	1
d. NAME OF HOS	PITAL OR INSTITUTION (I	not in hospita	I, give straat address)	d. STREET ADDRESS	5	-	1000	7		ESIDENCE
Presto	n - Jonestow	n Road		R.F	.D.					A FARM?
3. NAME OF	First		Middle	Last	4. DATE	Montl	1	Dey	Yee	
(Type or print)	Berth	a	E.	Butler	OF DEATH	Dec	ember	3	19	66
S. SEX	6. COLOR OR RACE	7. MARRIED T	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER	YEAR	IF UNDER	
Female	Negro	WIDOWED		January 8, 1	877 8	birthday)	Months	Days	Hours	Min.
On. USUAL OCCUPA	ATION (Give kind of work	10b. KIND		TRY 11. BIRTHPLACE (Cou	inty & State, or fo	89	12, CI	IZEN C	OF WHAT	COUNTRY
done during most of v	vorking life, even if ratired	1)		Caroline			9 K. K.	US		
Housew	OFK	Но	me	14. MOTHER'S MAIDEN		yrand		U	'A	
J. R	ixom Webb			Martha J		,				
(Yas, no, or unkown) NO 18. CAUSE OF	VER IN U.S. ARMED FORG (Ifyes give wer or dates of se DEATH [Enter only one ITH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cause par line	known Ward (c).]	Illiam W. But		Address ston, l		IN.	RFD TERVAL BE SET AND OMO I	DEATH
Conditions, if as		Gener	ralized Ar	teriosice o	sis			2	POyrs	3
gave risa to imma (a), steting the cause last.	DITTO	Street,				511				
PART II, OTH		0		NOT RELATED TO THE TERM					Denec	AUTOPSY DRMED?
Loss	s of both	legs a	above the	knees due t	o arte	riost]	eros	18	YES	NO T
OP CONTRIBUTIN	MAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part (or Part II	of item 18.)				
20c. TIME OF IN. Hour a.m.		Whila at work		LACE OF INJURY (Home, far actory, straat, office bldg., at		or town)	(Coe	inty)		(Stete)
saw the dece	that (I) (this hospital			n 9/5/50 at death occurred 10	19, to 1: 20, AMm t	2/3/66 he causes a	2, 19 and on th	, 1 ne dat	that (I) (e stated	(we) las above.
22- SIGNATURE	-	//							221	DATE

22c. PHYSICIAN'S NAME (Type)

Son,

B.Plummer M.D

MED.
DIRECTOR PHYS. 22d. ADDRESS Preston Maryland

ATTENDING

23a, BURIAL, CREMATION, 23b. DATE THEREOF BUTIAL Dec. 6. 19 Dec. 6, 1966

Harold

23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery

M.D.

ry Near Preston, Maryland
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

DIRECTOR'S SIGNATURE and

ADDRESS Federalsburg, Maryland

DATE DEC 1966

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6 CERTIFICATE OF DEATH and 2 and 2 death. hours after death USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE e remove carbon papers. Pages 1 in any event, within 72 hours after MARYLANO c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) and completely filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO X YES executed within NAME OF First Middle DATE Month Day Year Last 4. DECEASED (Type or print) DEATH 19606 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR 8. DATE OF NEVER MARRIED 7. MARRIED last birthday) Months Davs Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHA CE (County the attending physician t permit. Then please r please during most of working life, even COUNTRY? death certificate be If retired) or removal, and FATHER'S NAME MOTHER'S MAIOEN NAM Address 15 WAS DECEASED EVER IN U.S. ARMED FOR ES? 16. SOCIAL SECURITY NO. 17. INFORMAN permit. (Yes, no, or unkown) (If yes give war or dates of service) burial-transit perm burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DE been signed by DEATH WAS CAUSED BY: MMEDIATE CAUSE DUE TO Conditions, If any, which Immediate as the b OUE TO cause (a), stating underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CATI NO [YES CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20d. INJURY OCCURRED 20e. PACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) 20f. (City on town) (County) TIME OF Day, Year While Not While at work at work 0that (I) (we) last I certify that deceased from death occurred a date stated above. causes and on the deceased and TE SIGNE SIGNATURE 22a. ATTENDING STAFF M.D. PHYS. **OIRECTOR** PHYS. 22d. ADDR director, p should be 1 BURIAL, CREMATION, REMOXAL (Specify) (State) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. MD ADDRESS REC'O BY REGISTRAR REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR 25a. 25b. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

the terrest of the desired the ME HOLDEN DIN The District LADEN BOM AND AND TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	MARY	LAND	STATE	DEP	ARTM	ENT	0
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MARYL	AND STATE DEPARTMENT OF HEAL	TH
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE I, MARYLAND
16941	CH AND RECORDS, 301 W. PRESTON STREET CERTIFICATE OF DEATH	16939

TODAT		CERTIFICATE	OI DEAIII		6939
1. PLACE OF DEATH					nstitution: Rasidence before edmission)
e. COUNTY Caro		MARYLAND	. STATE Mary		Caroline
write RURAL and	outside corporata limits, giva nearest town)	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
Federal	sburg - Rural	50 years		ralsburg - Rur	
	AL OR INSTITUTION (if not in hos	spital, give straet address)	d. STREET ADDRESS	D	IS RESIDENCE ON A FARM?
Bridgev:	ille Road	Middla		4. DATE Month	YES NO Day Year
DECEASED (Type or print)	Harry	Jefferson	Collins	OF DEATH Decen	
Male Male	6. COLOR OR RACE 7. MARRIE WIDOWE	WEAEK WYKKIED	larch 4, 1883	9. AGE (In yeers last birthday) 83 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.
Da. USUAL OCCUPATIO	king lifa, even if retirad)	IND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
Farmer 3. FATHER'S NAME	F	arming	Talbot Co.	Maryland	USA
	1 Collins				
	l Collins R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	Amanda To	OWERS	
Yes, no, or unkown) (If)	yes giva war or datas of sarvica) 2	15-16-8244 Mr			sburg, Maryland
A STATE OF THE PARTY OF THE PAR	EATH [Entar only one causa par	line for (a), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
	WAS CAUSED BY: MMEDIATE CAUSE (a)	Cardiac Failur	e		
420.0	DUE TO				Carrie Land
Conditions, if eny,		Congestive Hea	rt Failure -	one vear	
gave rise to Immedia (a), stating the un-	DIE TO			,	
cause last.	(c)	Arteriosclerot	ic Heart Dise	are	
PART II. OTHER	SIGNIFICANT CONDITIONS CON				EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
					YES NO
PART II. OTHER 208. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY)	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part or Pert of itam 18.)	
20c. TIME OF INJUR Hour e.m.	Y Month, Day, Year 20d. Whil	aNot While fact	CE OF INJURY (Homa, farm, ory, straat, office bldg., atc.)	20f. (City or town)	(County) (Stata)
21. I certify th	at (I) (this hospital) atten	ded the deceased from			r7, 19.66, that (I) (we) las
saw the decease	ed alive onNovember	.231966 and that	death occurred at		and on the date stated above.
22a. SIGNATURE	mi	00	ATTENDING MI	ED. STAFF	22b. DATE 12=13=66
22c. PHYSICIAN'S	, in	met f M	22d. ADDRESS		20-20-00
NAME (Typia)	R. TRapnell, M.).	128 Bloomi	ngdale Ave, F	ederalsburg, Md.
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	vn or county) (Stata)
Burial (Specify)	Dec. 10, 1966	Hill Crest C		Federalsburg	
J. J. FTAMP	acquoca 10"	ADDRESS deralsburg, Mar		FC 1 4 1956	
# / "	1 / 1		YAGIIG		U O

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Total Dec. 10, 1966 Hill Crest Combours of Medaral shire, Mares and The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

10342 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

16940

1. PLACE OF DEAT a. COUNTY CAROL	THE		55 APA 4 A 4 A	2. USUAL RESIDENCE a. MARYLAN		TALL OF		e before adı	mission)
Ridgely	WN (if outside corporat L and give nearest tow , Maryland		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	MARYLA		20	. 2	
		N (if not In hos	spital, give street address)	d. STREET ADDRESS 121 S.West Street 0. IS RESIDENCE ON A FARM? YES \(\sum \) NO					
3. NAME DF DECEASED (Type or print)	SUSTE	rst	Middle COP.		4. DATE DF DEATH			19 6	36
5. SEX Female	6. COLOR OR RACE	WIDOWED	DIVORCED	8. DATE OF BIRTH 3- 28-1888		gast birthday) N	Months Days	Hours	Min.
Dell's emed		done 1Db. Kin	ND OF BUSINESS OR DUSTRY	EASTON, MA	RYLAND		12. CITIZEN COUNTRY	Y?	
13. FATHER'S NAI	me: unknown)	Last Na		14. MOTHER'S MAIL					
15. WAS DECEASEL (Yes, no, or unkown)	DEVER IN U.S. ARMED FO	f service)		INFORMANT Egie Fisher,	Ridgel	Address y, Maryla		16.33	
20a. ACCIDEN OR CONTRIBU- (IF EITHER, N	stating the DUE	TO (b) TO (c) ONS CONTRIBUT	TING TO DEATH BUT NOT REL	attenti	in	Sorigh	Item 18.)	PERFORI	NO NO
Hour a	p.m. 19	While at work	Not While at work	ACE OF INJURY (Home, f tory, street, office bldg., s	etc.)	100	(County)		state)
saw the d	deceased alive on A	TYSON,	2001 M	at death occurred at	MED. DIRECTOR	STAFF PHYS.		te stated	
23a. BURIAL, CRE REMOVAL (S Burial 24. FUNERAL DIF	12-15-		New Chapel	Cemeterv		OCATION (City, to		ryler	tate)
Dashiell	Funeral He	me, 426 1	Dever, Easten,			/	Charle		ge

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FOR STATE HEALTH DEPT.

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loges 1 and 2 with the State Department of in ony event within 72 hours ofter death. Band TO FUNERAL DIRECTOR: Poge 3 should be used as a buriol-transit permit Health or its designoted ogent, prior to buriol, cremotion, or removol,

P.M.3. Poge 2, ond 3 to necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If 5 may be retained for your files. MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10041

	16943. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	21
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resider	nce before odmission)
	LAROLINE MARYLAND	PENNA. PH	ILA.
	o. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest tawn)
1	ural Henderson & Months	PHILA.	3,3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	None	10 1 10 20 . 0 3	YES NO
	NAME OF DECEASED First Middle DECEASED CROZIER	HUME OF DEATH /2	9 1966
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Dovs Hours Min.
1	MALE WHITE WIDOWED DIVORCED	1-9-1907 59 yrs.	Doys Hours Min.
10a duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) UTOMOTIVE MECH RETIRED	11. BIRTHPLACE (Stote or foreign country) 12. Cl	TIZEN OF WHAT
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.4
(CHARLES HUME	ISABELL CROZI	ER
15.		INFORMANT Address	MD.
(76	s, ng, ocunknown) (If yes give wor or dotes of service) /60-09-9570	LONA HUME HENDE	R50N
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardia	al Inferction	INTERVAL BETWEEN 1011 A BOBATH
	420./ DUE TO		F 6
	Conditions, if ony, which gove (b) Coronary Artery	Sclerosis	5-6 yrs
	rise to immediate couse (o), storing the underlying couse last. DUE TO Generalized are	riosclerosis	10yr
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19. WAS AUTOPSY
ATION		.,	PERFORMED? YES NO 2
MEDICAL CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL		CE OF INJURY (Home, form, lory, street, office bldg., etc.) 20f. (City or town) (Co	ounty) (Stote)
	21. I certify that I took charge of the remains described above, he	eld an Autopsy 🔝 , Inspection 🔀 , Inquiry 🛣 ,	and in my opinion
	death resulted fram: Natural causes , Accident , Suic	ide 🔲, Hamicide 🔲, Undetermined manner 🗌	
	ACTUAL OF COLUMN	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE COOP SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	12/0/66
	EXAMINER'S Harold B.Plummer M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Preston	Cari Tine
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (Stote)
B	REMOVAL (Specify) 12-12-66 mt. MORI		PA.
24	FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	
1	to (- (h) - 1 / of ron - 1 / era med	DATE DEC 12 1986 Colon	Men Justell

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16944	CERTIFICATE	OF DEATH	16942	
1.	PLACE OF DEATH O. COUNTY CAROLINE	MARYLAND	O. STATEM DRY		ROLINE
T	b CITY OR TOWN (If outside corporate limits, write BURAL and give reserves town)		Rur	INITIAL DIENTON	05.1
	d. NAME OF HOSPITAL OR MISTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES 2 NO
	NAME OF DECEASED (Type or print)	AGNES	JOHNS	4. DATE Month DEATH	28 1966
	FNW	DOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In years IF UNDER Months) 9. AGE (In years Months) 1. FUNDER Months	Doγs Hours Min.
du	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	More	(LAND) 1º	OUNTRY?
L		CHINS	14. MOTHER'S MAIDEN	L SHEBHE	130
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of servi		NFORMANT RS.GRAYSO	NTAYLOR, DET	NTON, MD.
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	r line for (o), (b), ond (c).) MALNUTAITIEM			INTERVAL BETWEEN ONSET AND DEATH
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form ory, street, office bldg., etc.		ounty) (Stote)
	21. I certify that (I) (this haspital saw the deceased alive an II	attended the deceased fram, and tha	t death occurred at	7 P M, fram causes and an	, that (I) (we) las the date stated abave
	22o. SIGNATURE	Felji M.		MED. STAFF 22b. C	DATE SIGNED
	22c. PHYSICIAN'S Philippe	. FELIPE	22d. ADDRESS D	ENTON, Mol	
23	Submoval (Specify) Prom 1, 19	66 23c. NAME OF CEMETERY OR	ROVE	23d OCATION (City or Town)	(County) (Stote)
2	4. FUNERAL DIRECTOR JUSTICA TO MOR	RB DADDRESS	DATE JA	D BY REGISTRAR 2Sb. REGISTRAR'S AN 9 1967 gcla	rlas Occar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

FOR STATE **HEALTH**

P.M3. Page delay is

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours ofter death. If

'pending"

necessary, please execute the certificate, writing the word

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 5 may be retained for your files.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16945

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY	Caroline		MARYLA	IND	2. USUAL RESIDENCE (Vo. STATE Mary	Where deceosed live	b. COUNTY Ca	ence before odmission)
b. CITY OR TOWN	(If outside corporate limit nd give nearest town)	s,	c. LENGTH OF STAY IN	lb .	c. CITY OR TOWN (If ou	itside corporote limi	is, write RURAL and g	ive neorest town)
Prest	on, RFD	7	moments		Pres	ton, RFD	, Box 94	05.1
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS			e IS RESIDENC ON A FARM
St. R	te. #331				RFD			YES NO
3. NAME OF DECEASED (Type or print)	Will	rst i am	Middle	1	lost Mason, Jr.	4. DATE OF DEATH	Month December	Doy Year 20 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH			R 1 YEAR IF UNDER 24 F
Male	Negro	WIDOWED	DIVORCED		April 17, 1	937 29	birthdoy) Months yrs.	Doys Hours M
during most of workin Meatcu	ON (Give kind of work done g life, even if retired) tter	10b. KII INI FO	DUSTRY Od Store		II. BIRTHPLACE (Stote Baltimor	or foreign country) e, Maryl	_ (CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME		
	m Mason				Mamie Do	tson		
1S. WAS DECEASED EV (Yes, no, or unknown)	(If yes give wor or dotes of DISCHARGE 1 7-3	of service)	ocial security no. nknown		formant rs. Frances	Mason	Address Preston, M	id. Box 94
816.4	DEATH (Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o)	o), (b), ond (d). iple Frac inle frac			Skull		HAPPEN AND AND AND AND AND AND AND AND AND AN
Conditions, if on rise to immedia stating the und last.	te couse (o),	TO TO	t and tho				CO CUS	second s
PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO	D DEATH BUT NOT RELATE	ED TO TH	E TERMINAL DISEASE CON	NDITION GIVEN IN P	ART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL C PRIMARY D or CI (AUSE OF DEATH.	ONTRIBUTING	20b. DES two	CRIBE HOW INJURY OCCU	irred. (e	nter noture of injury in the adon	Port I or Port II of	tem 18.)	
Hour a	JURY Month, Doy, Yeor .m. 2/20 16	While	Not While		OF INJURY (Home, form y, street, office bldg., etc.)		,	ounty) (Stote Breston M
21. I certi	fy that I taak charg	e af the rem	ains described abay	ve, held	l an Autapsy 🔲 ,	Inspection 3	d, Inquiry 🔀	and in my opir
death resu	Ited fram: Nature	al causes	, Accident ,	Suicid	e, Hamicide	, Undete	rmined manner [
ACTUAL	3.01	2/4			CHIEF MEDICAL	EXAMINER		
SIGNATURE	Tlane,	Sill	mun		M.D. ASSISTANT MED	ICAL EXAMINER		22. DATE SIGN
EXAMINER'S					DEPUTY MEDICA			12/22/6
	larold B.	lummer	1 Of NAMES COURSE	DV+OD CO		, city, town, or cou		(6)
230. BURIAL, CREMATI	y) Dec. 2	3, 1966	MANXXIX XXIX	arka k	gmaCemetery XXXXXXXXXX	CONDOKKO	Saxxxxxxxxx	
24. FUNERAL DIRECT			ADDRESS		250 REC'D	BY REGISTRAR	25b. REGISTRAR'S	
Frampto	m Funeral H	ome F	ederalsburg	g. M	d. DATE C	27 196	7	Cas Judge

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Division of STATISTICAL RES	2. USUAL RESIDENCE (Where deceoped lived, if institution: Residence of STAY IN 1b COUNTY AND OUTSIde corporate limits, with a COUNTY AND OUTSIde corporate limits, with a COUNTY AND OUTSIde corporate limits, with a COUNTY AND OUTSIde corporate limits, with RURAL and give the needed of the County And Outside corporate limits, with RURAL and give outside corporate limits, with RURAL and give outside corporate limits, with RURAL and give outside not perform the county of the County And Indian Outside corporate limits, with RURAL and give outside not perform the county of the County And Indian Outside corporate limits, with RURAL and give outside not perform the county of the County And Indian Outside corporate limits, with RURAL and give outside not perform the county of the County And Indian Outside County And I	D 21201		
M) 16946	CERTIFICATE	OF DEATH	16	6944
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearly lovel to be a NAME OF HOSPITAL OR INSTITUTION (If not in baseite	MARYLAND		e deceosed lived, if institution: b. COUNTY	Residence befare admission) (200 LDN 8
b. CITY OR TOWN (If outside carporate limits,	c. LENGTH OF STAY IN 16			N 05.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	l, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELIZA BET14	Middle SI		OF DEATH DEC	29 Day Year 1966
F W WIDOWE	D DIVORCED	APR. 10, 188	3 dest birthday) Mo	
during mast af working life even if retired)		MARY	LAND	12. CITIZEN OF WHAT
		I HARR:	DET (UN	KNOWA)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates at service)				LOTE
PART I. DEATH WAS CAUSED BY:	for (a), (b), ond (c).) Cerebi	ral Thrombos	318	INTERVAL BETWEEN ONSET AND DEATH
Conditions if any which gave	Genera	alized Arter	riosclerosis	
stating the underlying couse DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Part	l ar Part II of item 18.)	
Haur a.m. Wh	ile - Not While - facto		20f. (City ar tawn)	(Caunty) (State)
sow the deceased alive on Dec	ended the deceased fram 19 66, and that	NOV. 20 , 19 6 t death accurred at	M, fram causes and	an the date stated abav
276. SIGNATURE H H or	confer M.		CTOR STAFF PHYS.	22b. DATE SIGNED 12/30/66
/ Physician's NAME (Type) Charles H.		.D. Gree	ensboro, Md.	21639
TSREMOVADISDECTIVE JAN 1, 196	6 DENTE	N	DENTON	(County) (State)
24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR 26. P. M. O.O.	REDENT	2So. REC'D BY		RAR'S SIGNATURE

13. 41 PARTY OF THE PARTY Tell . A (crueneset) . M. H. Creenesten, K. . Class

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16947

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1 1	_											
HEA	LIH	DEN.			LACE OF DEATH					SUAL RESIDENCE (NITM.		
.5	Poge	中屯		0	Ca	aroline		MARYLA		STATE Mary	yland	b. COU	Ca:	roli	ne
alay 13	<u>م</u> .	deoth.		b		f autside corporate limi	its,	c. LENGTH OF STAY IN	b c. (11	TY OR TOWN (If o	utside corporote	limits, write RU	IRAL ond give	neorest to	wn)
delc and		Department a urs ofter deoth		R		give nearest tawn))	Life		Runa	L Gree	nsboro		05	. /
ES	, 4,	epa				AL OR INSTITUTION (If I		ive street oddress)	d. ST	REET ADDRESS				e. IS	RESIDENCE
= 7	OF T	tote De hours	10		1	Vone				Ì	Tone			YES	N A FARM?
deoth.	中中	Stote 2 hour			IAME OF		irst	Middle		Lost	4. DATE	Mon	th	Doy	Year
	olong with farm	0	-		FCEASED Type or print)	James A	Alfred	Smith			OF DEATH	Decer	nber	2	19 66
ofter	ouo	with th	50.	S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		OF BIRTH		GE (In years	IF UNDER 1		JNDER 24 HRS.
		2 w		Ma	le	White	WIDOWED	DIVORCED	Jun	e 26, I	1897	ast (whiday)	Monns	Doys H	ours Min.
hours	Lice Ce	ond 2 event				(Give kind of work done		ND OF BUSINESS OR	11.	BIRTHPLACE (Stote	or foreign coun	try)	12. CIT	IZEN OF WH	AT
24		-		S	aw Mil.	lite, even if retired) L'Operato	or Sa	w Mill		Mary.	land		(0)	U.S.	A .
	100	poges in on		13.	FATHER'S NAME			(MOTHER'S MAIDEN					
within	Examin	File pand ii		A	lfred d	James Smi	Lth			Laura S	Spence				
	= 🕮			15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates	? 16. 5	SOCIAL SECURITY, NO.	17. INFORM	IANT		Addr	ess		
cute	dica	permit.		(162	No	(ii yes give wor or dates	Single 5	20-03-600	T M	ary Smi	ith	Gree	ensbo	ro,	Md.
executed	Chief Medical				1B. CAUSE OF DE	ATH (Enter only one co	use per line for	(o), (b), and (c).)							L BETWEEN
pe :	Jief P	or r			PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Pneu	I)cms Hemo	ho Rax					mini	AND DEATH
pla			V		9103		E TO					bs Rig			
should	the	buriol-tronsit mation, or re			Conditions, if ony,		(b) Muli	tiple frac	tures	of Cl	avivle	and t	pper	mir	nutes
te de	2 2	o buriol-tr cremation,		_	stoting the under	, , , DIII	E TD	turns of t	ha aa		and ma	- W G	inca	må v	nutses
certificote	forworded to the Ch	as d			last.)	(c) L1.90	cture of t	пе се	CATGST	sprue	or, si	THES	MIT	100368
erti	0 A	used as burial,	- 1	×	PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TER	MINAL DISEASE CO	NDITION GIVEN	N PART 1(o)		19. WAS	FORMED?
	0	be u	0	CERTIFICATION										YES [NO D
ER: This	be l	ould b		E	20o. EXTERNAL CAI PRIMARY ☐ or CON		20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter n	noture of injury in	Port I or Port II	of item 18.)			
ER:	should				CAUSE OF DEATH.		Los	g few off	of sa	wmill	hittin	g him	the	above	area
N	2 -5 =	- m =		MEDICAL	20c. TIME OF INJU	RY Month, Day, Yeor	20d IN	JURY OCCURRED 20		NJURY (Home, formet, office bldg., etc.		City or town)	(Cou		(Stote)
EXAMINER	e 4	9 9	25	×	5 p.n	12/2 19	66 of wark	Not While of work		and mil	RFD	Greens	boro	Car	Md
E E	Pog	R: P			21. 1 certify	that I took charg	ge of the rem	noins described obov	e, held an	Autopsy ,	Inspection	x, Inq	uiry 😿,	ond in	my opinion
S à		IRECTOR: P			deoth reput	ed from: Nator	pl couses	Accident X,	Suicide [], Homicide	Und	etermined m	nonner 🗌		
MED	director	DIRE DIRE			ACTUAL	H (+	1)		CHIEF MEDICAL	EXAMINER []			
2 2		₹ 5			SIGNATURE	Leves V	less	mus	M.D.		DICAL EXAMINER	~		22.	DATE SIGNED
In	nero ho	ERA	2		EXAMINER'S	Harold E	2 Plumm	non M D			AL EXAMINER [7.3	2/6/6	56
O DEPUTY	the funerol	ro FUNERAL Health or its	-	22.	NAME (Type)			23c. NAME OF CEMETER	V OR CREMENT		t, city, town, or	COUNTY) TION (City or To			
0	4	5 ±		<i>23</i> 0.	BURIAL, CREMATIO REMOVAL (Specify)	1 12-5		Dento		UKI	Dent	, ,		(County)	(Stote)
-		-	K	24	FUNERAL DIRECTOR		-00	ADDRESS	11	250 REC	D BY REGISTRAR		CL • EGISTRAR'S SI	GNATURE	
		15ME (5)	1	G	of 5	13-2)	Greensbor	DIM O		CO DI REGISTRAR		Who	_	udas.
	0.0	VI (/00	. 1	1	- 7	Charles and the same		UL GGILOLV.	A 11/1/1	. O I DATE 🦱		9 () 1 ()	141 1111	MA WAR W	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16948		CERTIFICATE	OF DEATH	16	946	
1. PLACE OF DEATH a. COUNTY			- CTATE	Where deceased lived, if institut	AITV	The Color Section 1
Garoli	.ne	MARYLAND	d. SIAIE Mary	rland	Ca	roline
b. CITY OR TOWN (If gutside of	arparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RU	RAL and give neare	est tawn)
Write RURAL and give near Henderson	est lowity	30 yrs	Hend	lerson	0	5-1
d. NAME OF HOSPITAL OR INST		ive street address)	d. STREET ADDRESS	3.7		e. IS RESIDENCE ON A FARM?
NO.	ne			None		YES NO
3. NAME OF DECEASED (Type ar print)	rover Clev	eland Thorp	Last	4. DATE Mont		19 66
	OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	Hours Min.
Male Cau	. WIDOWED	DIVORCED	June 6, 18	396 70 yrs.	Mainis	Hadis Mill.
10a. USUAL OCCUPATION (Give kind during most of working life, even if Retired Mini	retired) IN	ND OF BUSINESS OR DUSTRY None	11. BIRTHPLACE (County Mary]	& State, ar fareign country)	12. CITIZEN COUNTRY	?
13. FATHER'S NAME	Soci	IVOITE	14. MOTHER'S MAIDEN 1	NAME	10.0.	-
Grant Tho	rp		Martha	Slaughter		
IS. WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16. S	SOCIAL SECURITY NO. 17. I	NFORMANT	Addr	855	
(Yes, na ar unknawn) (If yes give	war ar dates at service) 22	0-01-9319	Ida Wooter	s Hende	erson,	Md.
Canditians, if any, which garise ta immediate cause (a stating the underlying caulast.	se { DUE TO (c)					NAC ALITORS
CATION		O DEATH BUT NOT RELATED TO 1				PERFORMED? YES NO
	OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I ar Part II af item 18.)		
20c. TIME OF INJURY Manth Haur a.m. p.m.	19 While at wark	Nat While fact	CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(Caunty)	(State)
21. I certify that	(I) (this hospital) otten	ded the deceased from	Nov. 1 ,1	9_65, to Dec.	12 19 66 1	that (I) (we) lo
	alive on Dec. 1	.2 19 00, ond tho	t deoth occurred ot	M, from couses		
22a. SIGNATURE	A touce	Perfor M.	11110.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIG	
22c. PHYSICIAN'S NAME (Type)	narles H.St	onesifer, M.I	22d. ADDRESS	ensboro, Md	21639	
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	iwn) (Caunt	ty) (State)
BEWOAVIT Specify)	12-15-66	Greensbo:	ro	Greensbo		
24. FUNERAL DIRECTOR	0 1	Greenshoro	Md 2So REC'I	0 7 0	EGISTRÅR'S SIGNATU	URE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. There also remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after deapt.

10'HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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12 25 de m			The state of the s
1991 - CACT - 12 7/2 - 1984	D-21		
DISCOUNT OF SAME		Tall mortishes	No. West Street